STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001140	A. BUILDING _____ B. WING _____	R 09/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	4905 MELTON ROAD GARY, IN 46403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Review (PSR) to the State Residential Licensed Survey completed on June 30, 2011. Survey Date: September 8, 2011 Facility Number: 001140 Provider Number: 001140 AIM Number: N/A Survey Team: Heather Tuttle, R.N. T.C. Lara Richards, R.N. Kathleen Vargas, R.N. Census Bed Type: 124 Residential 124 Total Census Payor Type: 124 Medicaid 124 Total Sample: 5 Miller Beach Terrace was found to be compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey. Quality review completed 9/9/11 Cathy Emswiller RN	{R 000}		